2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N08000005341

Entity Name: SNI TAMPA BAY CHAPTER, INC.

Current Principal Place of Business:

572 PINECREST DR
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

572 PINECREST DR
LARGO, FL 33770

New Mailing Address:

FEI Number: 80-0308801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA LLC
4221 W BOY SCOUT BLVD 10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: STEPHENS, MARK
Address: 572 PINECREST DR
City-St-Zip: LARGO, FL 33770

Title: CEO ( ) Delete
Name: STEPHENS, MARK
Address: 572 PINECREST DR
City-St-Zip: LARGO, FL 33770

Title: VPS ( ) Delete
Name: FLORY, MARK
Address: 572 PINECREST DR
City-St-Zip: LARGO, FL 33770

Title: COO ( ) Delete
Name: FLORY, MARK
Address: 572 PINECREST DR
City-St-Zip: LARGO, FL 33770

Title: CSO ( ) Delete
Name: PALANDRO, DAVE
Address: 572 PINECREST DR
City-St-Zip: LARGO, FL 33770

Title: DSO ( ) Delete
Name: MOSES, CHRIS
Address: 572 PINECREST DR
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A FLORY COO 03/25/2009

Electronic Signature of Signing Officer or Director — Date